

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD  
Substitute for Form PTO-875Application or Docket Number  
101790142

## CLAIMS AS FILED – PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

## SMALL ENTITY

OR	RATE	FEES
		\$ _____
	X \$ _____ =	
	X \$ _____ =	
	X \$ _____ =	
	+ \$ _____ =	
	TOTAL	

OTHER THAN  
SMALL ENTITY

OR	RATE	FEES
		\$ _____
	X \$ _____ =	
	X \$ _____ =	
	X \$ _____ =	
	+ \$ _____ =	
	TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2.

TOTAL

## CLAIMS AS AMENDED – PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	15	Minus
	Independent (37 CFR 1.16(b))	*	5	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

## SMALL ENTITY

OR	RATE	ADDI- TIONAL FEE
	X \$ _____ =	
	X \$ _____ =	
	X \$ _____ =	
	+ \$ _____ =	
	TOTAL ADD'L FEE	

OTHER THAN  
SMALL ENTITY

OR	RATE	ADDI- TIONAL FEE
	X \$ _____ =	
	X \$ _____ =	
	X \$ _____ =	
	+ \$ _____ =	
	TOTAL ADD'L FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total (37 CFR 1.16(c))	*	Minus	**
		Independent (37 CFR 1.16(b))	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

## SMALL ENTITY

OR	RATE	ADDI- TIONAL FEE
	X \$ _____ =	
	X \$ _____ =	
	X \$ _____ =	
	+ \$ _____ =	
	TOTAL ADD'L FEE	

OTHER THAN  
SMALL ENTITY

OR	RATE	ADDI- TIONAL FEE
	X \$ _____ =	
	X \$ _____ =	
	X \$ _____ =	
	+ \$ _____ =	
	TOTAL ADD'L FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total (37 CFR 1.16(c))	*	Minus	**
		Independent (37 CFR 1.16(b))	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

## SMALL ENTITY

OR	RATE	ADDI- TIONAL FEE
	X \$ _____ =	
	X \$ _____ =	
	X \$ _____ =	
	+ \$ _____ =	
	TOTAL ADD'L FEE	

OTHER THAN  
SMALL ENTITY

OR	RATE	ADDI- TIONAL FEE
	X \$ _____ =	
	X \$ _____ =	
	X \$ _____ =	
	+ \$ _____ =	
	TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10/790142

Or 80102

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	34	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	34 minus 20 =	14
INDEPENDENT CLAIMS	9 minus 3 =	6
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>			

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
XS 9=		OR XS18=	252
X43=		OR X86=	516
+145=		OR +290=	
TOTAL		OR TOTAL	1536

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.